



Three Village Bennett Agency
INSURANCE AND FINANCIAL SERVICES

info@threevillagebennett.com

NSA
The Neefus Stype Agency Inc.
INSURANCE & FINANCIAL SERVICES

info@nsainsure.com



J.L. TOWNSEND, INC.
Insurance & Financial Services

info@jltinsure.com

Business Quick Quote Form:

All fields in this form are mandatory.

YOUR NAME: _____ ARE YOU A CURRENT NSA CLIENT? Y/N _____
 BUSINESS NAME: _____ HOW DID YOU HEAR OF OUR AGENCY? _____
 NAME ON POLICY: _____ HOW DID YOU ACQUIRE OUR WEBSITE ADDRESS? _____

Address (Contact Information) STREET, CITY, STATE, ZIP: _____
 CONTACT PERSON FOR INSURANCE: _____ EMAIL: _____
 PHONE # TO CONTACT YOU: _____ BEST TIME TO CALL: _____

Please select the type of business insurance policies you are interested in, below.

General Liability: **yes** **no** *if yes then all below are mandatory.*

WHAT ARE YOUR APPROXIMATE GROSS SALES? _____ WHAT IS YOUR TOTAL PAYROLL? _____ # OF YEARS IN BUSINESS? _____
 YEARS OF EXPERIENCE IN THIS FIELD? _____ WHAT IS YOUR MAIN PREMIUM CLASSIFICATION ON YOUR POLICY? _____
 CURRENT INSURANCE COMPANY: _____ POLICY #: _____ PREMIUM OF POLICY: _____

Property: **yes** **no** *if yes then all below are mandatory.*

DO YOU OWN OR LEASE YOUR PREMISE? _____ HOW MANY LOCATIONS DO YOU HAVE? _____
 PLEASE PROVIDE ADDRESSES FOR EACH LOCATION _____

DO YOU HAVE BUILDING AND CONTENTS COVERAGE AT EACH LOCATION? _____
 WHAT ARE EACH OF THOSE LIMITS? _____
 CURRENT INSURANCE COMPANY: _____ POLICY #: _____ PREMIUM OF POLICY: _____

Workers Compensation **yes** **no** *if yes then all below are mandatory.*

HOW MANY EMPLOYEES DO YOU HAVE? _____ WHAT IS YOUR TOTAL PAYROLL? _____
 WHAT IS YOUR MAIN PREMIUM CLASSIFICATION ON YOUR POLICY? _____
 CURRENT INSURANCE COMPANY: _____ POLICY #: _____ PREMIUM OF POLICY: _____

Business Auto: **yes** **no** *if yes then all below are mandatory.*

HOW MANY VEHICLES DOES YOUR BUSINESS EITHER OWN OR LEASE? _____ HOW MANY DRIVERS DO YOU HAVE? _____
 CURRENT INSURANCE COMPANY: _____ POLICY #: _____ PREMIUM OF POLICY: _____

Umbrella: **yes** **no** *if yes then all below are mandatory.*

WOULD YOU LIKE US TO PROVIDE YOU WITH AN UMBRELLA QUOTE? _____
 CURRENT INSURANCE COMPANY: _____ POLICY #: _____ PREMIUM OF POLICY: _____

General Questions: *all fields below are mandatory.*

HOW WOULD YOU CLASSIFY YOUR BUSINESS? _____ BUSINESS FEDERAL ID# _____
 DO YOU CURRENTLY HAVE INSURANCE FOR YOUR BUSINESS? _____ WILL YOU BE ABLE TO PROVIDE US WITH COPIES OF YOUR POLICIES? _____
 WILL YOU BE ABLE TO PROVIDE US WITH COPIES OF YOUR POLICY LOSS RUNS? _____

Details: *this section is optional.*

USE THIS SPACE TO PROVIDE US WITH ANY EXTRA DETAILS OR LIST OTHER POLICIES YOU MAY WANT US TO QUOTE. _____

